

Case Number:	CM15-0123393		
Date Assigned:	07/07/2015	Date of Injury:	02/20/2009
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury on 2/02/09. He subsequently reported back pain. Diagnoses include failed back surgery with post-laminectomy syndrome and lumbar arachnoiditis. Treatments to date include MRI testing, back surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was pain to percussion over the lower lumbar spine. Straight leg raising was negative. A request for Amrix 30mg #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Amrix 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Muscle relaxants (for pain).

Decision rationale: Per office notes, the treating physician initiated Amrix on 06/09/15 due to complaints of muscle spasm; however, no objective evidence of muscle spasm is documented in any of the submitted clinical documentation. There is no documentation of the injured worker's response to Amrix in 07/07/15 and 07/28/15 office notes. MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. MTUS does not support the chronic, continuous use of muscle relaxants. Since MTUS does not specifically address Amrix, ODG Pain Chapter was also consulted. ODG recommends immediate release cyclobenzaprine over Amrix due to recommended short course of therapy. Based upon lack of support by MTUS for chronic use of muscle relaxants, lack of support by ODG for Amrix, lack of documented objective evidence of muscle spasm, and lack of documented response to a trial of Amrix, medical necessity is not established for the requested Amrix.